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			_				(Signature)
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APPLICATION NO.	LICATION NO. FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.
10/679,424	10/07/2003	Hideo Eda		00	01309.00048	3473	
FITLE OF INVENTION	: METHOD FOR MAPI	PING HIGHER BRAIN F	UNCTION AND HEAD	GEAR FOR MAPPI	ING HIG	HER BRAIN FUNC	TION .
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0		\$1700	05/22/2007
EXAMINER ART U			CLASS-SUBCLASS				
SMITH,	RUTH S	3737	600-410000				
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"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the name of a first of the first of				30733 18679424
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(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)						(Y)	
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	s SMALL ENTITY state	•	☐ b. Applicant is no lo	nger claiming SMA	LL ENTI	TY status. See 37 C	FR 1.27(g)(2).
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Typed or printed name	e <u>Susan A.</u>	Wolffe Wolfe	<del></del>	Registration N	No. <u>33</u>	3,568	
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